

User Guide



COALITIONS State and Community Interventions





Acknowledgements

This guide was produced by the Center for Tobacco Policy Research at the George Warren Brown School of Social Work at Washington University in St. Louis. The following individuals were primary contributors to the publication:

Sarah M. Moreland-Russell Erin K. Black Laura Brossart Nancy B. Mueller Douglas A. Luke Sarah F. Schell Peg Allen Stephanie H. Herbers Tanya P. Montgomery

Valuable input for this guide was provided by:

Laura Beebe, University of Oklahoma Health Sciences Center Sharon Biggers, South Carolina Department of Health and Environmental Control Aaron Doeppers, Campaign for Tobacco-Free Kids Ditra Edwards, The Praxis Project Bronson Frick, Americans for Nonsmokers' Rights Misty Jordan, Douglas County (MO) Health Department April Kusper, Campaign for Tobacco-Free Kids Rod Lew, Asian Pacific Partners for Empowerment, Advocacy and Leadership (APPEAL) Judy Martin, Tobacco Free Nebraska Danny McGoldrick, Campaign for Tobacco-Free Kids Terry Reid, Washington State Department of Health, Tobacco Prevention Program Jennifer Reynolds, OSH Contractor Carol L. Schmitt, RTI International Alison Sipler, Tobacco Technical Assistance Consortium Karla Sneegas, Indiana Tobacco Prevention and Cessation Agency Miranda Spitznagle, Indiana Tobacco Prevention and Cessation Agency Judith Stephany Ahearn, OSH Contractor Jason Vahling, Colorado Department of Public Health and Environment Jeffrey Willett, New York State Department of Health

Valuable input for the case studies was also provided by:

Kathleen Collomb, Bob Doyle, Kitty Jerome, Jeanette Lastrape, Debbie Melecio, Altrivice Revis, Barry Sharp, Chris Sherwin, Helen Stagg, Annie Tegen, and Jason Vahling

U.S. Department of Health and Human Services Centers for Disease Control and Prevention National Center for Chronic Disease Prevention and Health Promotion Office on Smoking and Health



Table of Contents

Guide to the Reader Page 1
Making the Case Page 2
A Brief History Page 3
How To Page 4
<i>What is the Role of Coalitions in a Comprehensive Tobacco Control Program? Page 4</i>
How Is a Coalition Organized? Page 6
How Is an Effective Coalition Built?Page 7
What Should a Coalition Do? Page 9
Providing Support Page 11
In Action Page 12
Case for Investment Page 14
Resources Page 16
References Page 18

Guide to the Reader

The Centers for Disease Control and Prevention, Office on Smoking and Health and the Center for Tobacco Policy Research at Washington University in St. Louis developed a series of user guides for the State and Community Interventions Category for the 2007 Best Practices for Comprehensive Tobacco

Control Programs (Best Practices). A number of tobacco control focus areas including policy (e.g., coalitions, policy advocacy, economic pricing); youth (e.g., engagement and access); and disparities are addressed in the user guide series.

Purpose

The purpose of the user guide series is to assist state and local tobacco control staff in building effective and sustainable comprehensive tobacco control programs. The user guides will address particular practices (*e.g.*, programs, interventions) that have evidence or potential evidence supporting their efficacy, and that fall under the coordination of state and local tobacco programs.

Organization

This user guide is organized into seven sections:

- **Making the Case** presents a brief overview of how programs benefit from tobacco control coalitions
- **A Brief History** provides the background about coalitions
- How To provides the rationale and beginning steps on how to develop a coalition
- In Action provides real world examples of coalitions
- Providing Support shares suggestions on how state programs can support coalitions
- Case for Investment presents the information needed to advocate to decision makers for coalitions
- Resources identifies publications, tool kits, and websites to help in planning efforts

Best Practices User Guide: COALITIONS

This user guide focuses on the critical role coalitions play in a comprehensive tobacco control program. According to *Best Practices*, communities need to work toward transforming the knowledge, attitudes, and practices of users and nonusers by changing the way tobacco is promoted, sold, and used. Through advocacy and education, tobacco control coalitions play a critical role in exposing the tobacco industry's predatory marketing tactics and deceitful denials. Coalitions also help mobilize communities to develop and implement policies and programs These efforts shape tobacco-free norms, making tobacco less desirable, less acceptable, and less accessible.² This guide will provide tobacco control program managers with information on the best practices of utilizing coalitions as a part of a comprehensive program which can lead to important policy changes.

State and Community Interventions Category Defined

The State and Community Interventions Category includes *policies, practices, and types of programs that promote public health* by supporting systems change and discouraging tobacco exposure and use. The category is organized to provide the skills, resources, and information needed for the coordinated strategic implementation of effective programs. The category excludes cessation and health communication interventions, but includes all other tobacco activities/ *interventions organized at the state* and community level.¹

Coalitions enhance state and local tobacco control efforts by mobilizing communities, advocating for policies, and changing social norms.

tobacco control program cannot be considered truly comprehensive unless there are coalitions in place actively advocating for policy change. Often, tobacco control programs do not have the flexibility or authority to influence tobacco control policies that lead to the transformation of tobacco-free norms. Therefore, coalitions can enhance state and local tobacco control efforts by exposing the tobacco industry, mobilizing communities to support and adopt tobacco control policies, and changing social norms.

Strengths of Tobacco Control Coalitions

Embodying Community Diversity

Coalitions bring diverse representation to tobacco control efforts, not just racial/ethnic diversity, but political, professional (*e.g.*, providers, patients), and skill diversity.

Developing Synergy

Diverse organizations that partner to achieve a common goal often go beyond their organizations' individual contributions.^{3,4} This allows them to become involved in new issues without having sole responsibility.

Helping Sustain Tobacco Control Programs

A major role of coalitions is to help sustain tobacco control programs by expanding public support.

Enhancing Community Mobilization

Coalitions provide organizations and individuals the opportunity to have a voice in community and statewide issues, and participate in the strategic planning of the tobacco control program.

Advocating for Policy Change

Coalitions can lead policy change efforts and campaigns when other partners may be limited. Coalitions also can enlist political and constituent support.

Promoting Community Buy-in

Coalitions help change community values around tobacco through systems change by eliminating pro-tobacco influences and heightening pro-health influences. Coalitions also help in eliminating tobacco-related health disparities.

Establishing Greater Credibility

Coalitions are able to establish greater credibility because they represent several organizations and individuals focused on community betterment.⁴

Leveraging Resources

Coalitions amplify state resources by involving broad community representation, mobilizing members' talents, and engaging the community to develop public support. Through collaboration, resources can also be conserved by minimizing duplication of efforts and services.^{3,4}

Combating the Tobacco Industry

Coalitions combat the tobacco industry by exposing their deceptive, predatory, and deadly practices and developing effective methods to counter their strategies.

obacco control coalitions have played a critical role in a comprehensive approach designed to change social norms through advocacy and policy change. For over three decades, tobacco control coalitions have mobilized communities to participate in tobacco control efforts, combat the tobacco industry, and change the culture around tobacco.⁵

Beginning in the 1960s, after the release of the first

Surgeon General Report, *Smoking and Health*, individuals concerned about the health effects of tobacco and secondhand smoke and alarmed at the tobacco industry's tactics to promote tobacco use, formed nonsmokers' rights groups across the United States.^{6,7} Since that time, these groups have evolved into tobacco control coalitions that work at grassroots, statewide, and even national levels. Starting with the National Cancer Institute's American Stop Smoking Intervention Study (ASSIST) and continuing through the Centers for Disease Control and Prevention (CDC) publication of the 2007 *Best Practices for Comprehensive Tobacco*

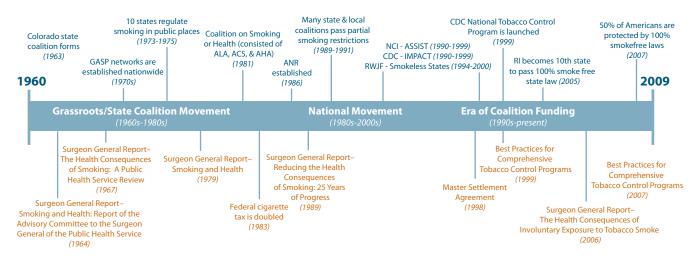
Control Programs, national programs have worked to reinforce coalitions' roles in tobacco control efforts.⁸⁻¹² To this day, coalitions remain dedicated to a common mission: to decrease tobacco-related death and disease.

Despite the sometimes difficult cultural and legislative climate surrounding tobacco control, coalitions have continued to lead advocacy efforts and promote policy change. Coalition efforts have evoked changes in the social environment, affecting not only specific policies (*e.g.*, tobacco taxes), but also the social acceptability of tobacco use. These efforts solidified a role for coalition involvement in tobacco control programs. Soon public health agencies recognized the need for these coalitions to amplify and sustain tobacco control programs, fight the tobacco industry by advocating for policy, and enhance community activism. Thanks to tobacco

> control coalitions' hard-fought and hard-won battles, new policies and programs continue to be implemented through their advocacy and education efforts.

Tobacco control coalitions have remained a constant in the ever evolving culture and environment of tobacco. Today there are tobacco control coalitions in every state and in many localities. Some address multiple components of tobacco control, while others are issue-specific or population-specific. Through coalition efforts, over 70% of Americans are protected from secondhand smoke due to the implementation

of smoke-free provisions¹³; half of the states have implemented a tobacco tax of \$1.00 or higher¹⁴; and the tobacco industry is continually exposed for marketing to underage youth, manipulative advertising, and using other deceptive tactics. These successes highlight just some of the many important elements that tobacco control coalitions have contributed toward changing social norms and enhancing national comprehensive tobacco control efforts.^{15,16}



History of Tobacco Control Coalitions

Little Bird -

Hooray for

Smoke-Free Air

Used by permission

from Americans for

Nonsmokers' Rights,

est. 1986

What Is a Coalition?

A coalition brings together individuals and organizations with diverse skills and expertise to address a specific issue. Tobacco control coalitions form to reduce the burden of tobacco use and shape tobacco-free norms so that tobacco becomes less desirable, acceptable, and accessible.²

What is the Role of Coalitions in a Comprehensive Tobacco Control Program?

.....

comprehensive tobacco control program requires the coordinated efforts of both statewide and local coalitions to advocate for policies, combat the tobacco industry, and influence social norms.¹ When deeply rooted in the social, cultural, economic, and political make-up of a community, coalitions can produce population-based change.^{3,17-19} As a result, the use of coalitions as a strategy to improve public health outcomes has become an essential approach to implementing communitybased tobacco policy interventions.^{3,17-19}

From this population-based approach, important behavior change factors that most influence tobacco use initiation and cessation have been identified: high tobacco taxes, anti-tobacco media campaigns, negative social acceptability of smoking, and limitations on where tobacco use is permitted and how it is accessed.⁴ Based on these factors, coalitions have developed strategies to change behavior through policy change, including community education, grassroots mobilization, counter-marketing and media advocacy.²⁰

"If we lost our community coalitions component, we wouldn't have much of a program left."

Developing coalitions as a strategy to improve public health outcomes has been an important and effective mechanism in accelerating tobacco control efforts.^{2,4}

Success in changing tobacco-related policy has altered the culture of smoking in the United States and has been a major accomplishment for tobacco control coalitions.²¹

Coalitions can either be statewide or focus on a particular community or population. Both types of coalitions can be beneficial to a tobacco control program in different ways and have varying levels of support from a program.

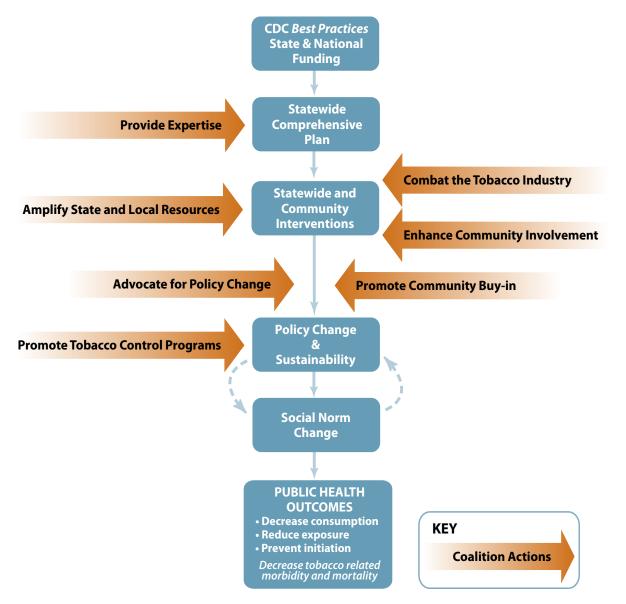
> "Coalitions play an important role in developing local policies and providing valuable direction for a tobacco control program.²"

A tobacco control program can benefit greatly from the efforts of a statewide tobacco control coalition. When a state program supports a statewide coalition by providing information and technical assistance, the coalition can help enhance the overall program by:

- Enabling the program manager to build awareness outside their own grantee networks;
- Addressing policy issues;
- Creating opportunities for training and technical assistance within and across programs; and
- Taking a leadership role on specific activities to implement the program's strategic plan.

While statewide coalitions are not typically funded by tobacco control programs, the coalition and program need to work collaboratively to implement a coordinated approach to tobacco control.

Tobacco control programs do tend to fund local community and population-specific coalitions. Providing financial and technical support to local



Impact of Coalition Actions on Health Outcomes

coalitions, in turn, can be very beneficial to the program by:

- Increasing the program's capacity;
- Building awareness and knowledge of tobacco issues and related policy solutions;
- Building strong and collaborative relationships with state and local program managers;
- Expanding community support for the issue;
- Identifying community members to testify and speak in support of the issue; and
- Building relationships with local and state policy makers.

Tobacco control programs and state and local coalitions work to achieve the same public health outcomes but they can use different strategies to reach

> Any social norm change strategy "that uses advocacy and policy change at the local level has the best chance of breaking the chain of disease caused by tobacco.²"

Coalitions Help Meet Public Health Goals Through Policy Change

Policy Change Strategy	Healthy People 2010 ²²	Example of Coalition Involvement
Expand smoke-free environments.	Goal 27-11: Increase smoke-free and tobacco-free environments in schools, including all school facilities, property, vehicles, and school events to 100%.	With the help of the state and over 50 local coalitions, all 115 school districts in North Carolina, as of July 2008, are 100 percent tobacco-free.
Expand smoke-free environments.	Goal 27-13: Establish laws on smoke- free indoor air that prohibit smoking in public places and work sites in all 50 states and the District of Columbia.	Nebraska State Legislature, encouraged by state and local coalition advocates, passed a statewide smoke- free law to make it the 23rd state with legislation that includes bars and restaurants.
Establish anti-tobacco media campaigns.	Goal 27-16: Eliminate tobacco advertising and promotions that influence adolescents and young adults.	The Capital District Tobacco Free Coalition (CDTFC), representing the counties of Albany, Rensselaer and Schenectady in New York, has successfully passed county wide resolutions encouraging retailers to eliminate tobacco advertising from areas likely to be seen by children. CDTFC has also made a direct appeal to nearly 800 tobacco retailers in the counties they serve to reduce, rearrange or eliminate their tobacco advertising as a way to prevent youth from using tobacco products.
Increase tobacco taxes.	Goal 27-21: Increase the average federal and state tax on cigarettes to \$2.00 and expand the number of states (and the District of Columbia) with higher smokeless tobacco taxes over the decade to 51.	In 2005, The Maine Coalition on Smoking or Health worked to increase the cigarette tax to \$2.00 and close most of the remaining loopholes that govern smoking in the workplace and in public places.

those outcomes. Both efforts are equally important and are conducted in coordination with each other. Evidence of this influence is apparent in coalitions' collaboration with tobacco control programs to implement CDC *Best Practices* and the *Guide to Community Preventive Services* recommendations, and attain *Healthy People 2010 Policy Goals*.

How Is a Coalition Organized?

Tobacco control coalitions come together with a common purpose to advance policy. However, they may do so in different ways because of the diverse make-up of their membership and decision-making structure. Whether small or large, coalitions typically have one of three types of memberships: 1) mostly public health organizations (*e.g.*, voluntary health organizations); 2) mostly grassroots volunteers (*e.g.*, community members, local business or faith leaders); or 3) a mixture of professional and grassroots members. Even the structure of coalitions can vary from being very centralized with a clear organizational hierarchy to a structure where the leadership is shared among several members.

There is no right or wrong way to organize a tobacco control coalition. However, the organization should support the need within the community and focus on building public support and political will for policy change. Conducting a community needs assessment will help identify important policy issues and community capacity. Based on the assessment results,

Challenges Coalitions Face

- > Vague expectations of members
- Lack of coalition identity
- Inability to recruit key leaders and stakeholders
- Difficulty following a plan and staying on message
- Potential alienation of some individuals because of policy focus
- Inability to present a united voice

the best organization for a tobacco control coalition to operate successfully can be determined.

How Is an Effective Coalition Built?

Successful coalitions have flexibility to address various issues within tobacco control. They also promote inclusiveness (*i.e.*, everyone has a voice) and ownership among all members. To be effective, a tobacco control coalition needs to have the following:

- A formalized *structure*, including formalized rules, expectations, vision, and mission;
- A diverse *membership* with clearly defined roles;
- Organized and strong *leadership*; and
- A plan for *sustainability*.^{17,23-26}

A formalized coalition structure leads to greater investment of resources and collaboration among agencies, satisfaction with the effort itself, and more responsible and committed members.⁴ Also, coalitions that implement evidence-based interventions are more sustainable and more effective in influencing social norms and creating healthier communities.

Structure

The first step for any coalition is to develop the vision, mission, and core values statements. These three statements create the foundation on which all coalition activities will originate. All members of the coalition need to be in full support of the vision, mission, and core values. Other components of a formal structure can include by-laws, memoranda of understanding, and policy and procedure manuals.

Membership

A diverse membership is key to building an effective coalition. Including stakeholders from unique and broad backgrounds will help identify locally appropriate methods and garner support within the community. Coalition development research shows coalitions should involve:

- Representatives from each sector of the community;
- Diverse cultural and ethnic groups;
- People with influence in the community;
- People most affected by the problem;
- National tobacco control partners;
- Business community; and
- Service organizations.²⁷

The expectations and roles of the members should be clearly described and communicated to the members. When members are clear about their roles, they are more likely to actively participate and contribute toward the effort. Studies have found that coalition members are more satisfied and more active when they have multiple roles and can contribute multiple skills.²³

To develop diversity within a tobacco control coalition, recruitment of individuals from a variety of organizations (*e.g.*, health, business, low income, youth) is essential given the wide array of expertise and talents needed to implement tobacco control strategies. Coalitions should

Developing the Vision, Mission, and Core Values

Definition	Description	Questions to Ask
The vision is a statement of <i>what</i> the coalition wants to accomplish, create, or achieve.	A single sentence.Short and to the point.	 What change does our coalition want to make for our community? Why are we doing what we are doing?
A mission statement describes <i>what</i> the coalition will do to make its vision a reality.	 Is the "doing" statement. Is clear and concise. Used to hold coalition accountable. 	 What needs to happen to bring our vision into reality?
Core values defines <i>how</i> the coalition will work.	 Reflects the values you want to see in your community. Should be universally shared among members. Guides coalition decision-making. 	 What values need to be present in the coalition for our vision to become a reality? What values define how coalition members should behave? How do we want to be viewed by our partners?

How to Build an Effective Coalition

Planning

- Assess problem and determine significance
- Identify methods that are currently in place that address the problem
- Determine who would support a coalition
- Define the community capacity for a coalition and identify potential barriers
- Ensure that coalition activities ultimately focus on policy or environmental change rather than individual-level change

Formation

- Clarify mission
- Recruit members include substantive representation from all identified stakeholders; community representation is KEY
- Formalize rules, roles, procedures, and responsibility (*e.g.*, bylaws, standard operating procedures, goals and objectives, memoranda of understanding)

Implementation

- · Define the community capacity for a coalition and identify potential barriers
- Conduct needs assessment
- · Set priorities based on results of needs assessment and funding
- Select appropriate strategies to achieve coalition goals
- Raise community awareness of coalition and problem
- Generate additional funds for coalition

Maintenance

- Coalitions must provide benefits (*e.g.*, solidarity, appreciation, evidence of impact) that exceed costs (*e.g.*, time, frustration) to sustain membership and momentum
- Assign tasks based on skills and available resources
- Define action steps that are broad enough to address funders' goals and also the goals of the coalition

Adapted from Kreuter, et.al.²⁵

also continually broaden and deepen membership as national, state, and local priorities change.

New member recruitment can be enhanced by:

- Identifying which types of partners are missing;
- Sharing the names and affiliations of the current members;
- Using existing community relationships to make contacts;
- Formally communicating the benefits and expectations of membership; and
- Providing convenient meeting times and locations.

Leadership

In addition to a diverse membership, a strong core leadership is needed to guide the coalition to overcome challenges and achieve success. Building coalition capacity requires leadership skills to be developed among multiple coalition members. All coalitions need a strong leadership base, with current and emerging leaders, who have the skills, relationships, and vision to change individual interests into one collective strategy to achieve change.²⁴ The skills of a good leader include:

- Effective communication;
- Conflict management;
- Organization;
- Ability to delegate tasks;
- Relationship building; and
- Ability to share decision-making.

Sustainability

Despite the important mission of coalitions, many are unable to sustain their efforts long-term to achieve social norm change. Funding alone does not indicate sustainability. Coalitions must fulfill a continuing purpose and be effectively managed and governed.⁴ Many of the same lessons learned about sustaining tobacco control programs can also apply to tobacco control coalitions. Characteristics of sustainable coalitions include:

- Strong and experienced leadership
- Broad and deep organizational and community ties;
- Coordination of efforts; and
- Adequate time for sustainability planning.²⁸

Studies have also shown that when coalitions implement evidence-based interventions they are more likely to last long-term.¹⁷

Developing and sustaining an effective coalition can be difficult. Several challenges, including lack of financial and human resources, poor leadership, and undefined structure can impede not only the development, but also the success of a coalition. To overcome these challenges, coalitions should use sound decision making in determining their structure, membership, leadership, and sustainability strategies.^{24,26} In addition, support from the program can also help coalitions overcome some of these challenges.

It is important to remember that sustainability planning begins during the early development of a coalition and continues throughout the life of the coalition. A sustained coalition has a greater likelihood to attract additional funding sources and establish credibility within the community and among policy makers.

What Should a Coalition Do?

Fundamental to tobacco control coalition efforts is the reality that coalitions are up against a strong adversary: the producers and distributors of commercial tobacco products. The tobacco industry spends over \$14 billion annually on tobacco marketing and promotion in the United States: that is over \$39 million each day.²¹ Tobacco use is directly linked to disease, disability, and death; yet by aggressively marketing tobacco, the tobacco industry has managed to permeate the cultures of societies worldwide. These deceptive, predatory, and deadly practices are public issues that need to be addressed.² Tobacco control coalitions play a critical role in addressing these issues by fighting the tobacco industry. By leveraging their resources, coalitions can be more influential than many of their individual member organizations in countering the tobacco industry and exposing their misleading marketing strategies and "deceitful denials."²

Tobacco control coalitions are champions in both effectively educating the community about the negative health effects of tobacco use and secondhand smoke exposure and advocating for evidence-based policy interventions. These efforts have resulted in the decrease of tobacco consumption, prevention of the initiation of tobacco use, and decrease in tobaccorelated disease and mortality. The following list describes the role coalitions have played in combating tobacco industry efforts and advancing tobacco control goals.

- *Increase tobacco taxes* Coalitions have advocated for increasing tobacco excise taxes at the state and, in states where this is possible, at the local level.
- Reduce tobacco product advertising Coalitions have worked for eliminating all tobacco product advertising and promotion.¹⁸
- *Establish counter-marketing campaigns* Coalitions have collaborated with the state program to promote and disseminate anti-tobacco

Actions of Coalitions

- > Keep the issue public
- Educate policy makers
- Combat the tobacco industry
- Provide expertise
- > Promote community buy-in
- > Enhance community involvement
- Amplify state resources
- > Advocate for policy change
- Promote tobacco control programs
- Identify the needs of a community

media messages. Mass media can be used to recruit volunteers and supporters, gain support for legislation, encourage people to engage in healthy and safe behaviors, and provide information on health risks.

- Decrease the social acceptability of tobacco Coalitions have worked with and educated diverse groups (*e.g.*, faith-based, low income, youth) to further relay messages and help create the social norm change that comes from an anti-tobacco culture.
- *Expand smoke-free environments* Coalitions have worked for smoke-free policies in workplaces and public places (*e.g.*, restaurants, bars, casinos and

other gambling establishments, private clubs) at the local and state levels, as well as for regaining local control to take action in this area in states where it has been preempted.

 Limit access to tobacco products – Coalitions have worked to reduce access to and availability of tobacco products, particularly to persons under the legal age of purchase.¹⁸

Involvement of coalitions is not only important in advancing advocacy into policy development, but is also critical in eliminating an environment which promotes the sale and use of tobacco products. Therefore, it is crucial for tobacco control programs to partner with coalitions to achieve their goals.

At-a-Glance: Programs and Local Coalitions Supporting Each Other

The Indiana Tobacco Prevention and Cessation Agency (ITPC) provides funding for the development and maintenance of communityand minority-based coalitions across the state. The coalitions develop their individual work plans to help address each of the program's priority areas. One priority area all coalitions work on is protecting and maintaining a state and local infrastructure to lower tobacco use rates. Below are examples of coalition activities:

- Conducting annual meetings with legislators to educate them about local tobacco control programs and the burden of tobacco use;
- Conducting presentations on tobacco use and secondhand smoke to partners and key decision makers;
- Developing communication channels and outreach efforts between the coalition and various stakeholders; and
- Recruiting organizations that work with disparately affected populations.

To help support and increase the capacity of the coalitions, ITPC conducts bi-annual surveys of each coalition's efforts, conducts informal trainings, and provides ongoing technical assistance. By keeping communication open and assessing survey results, ITPC is able to identify areas for training and technical assistance which have included:

- Smoke-free air policy training;
- Media advocacy;
- Tobacco 101;
- Coalition building;
- Tobacco-free college, school and hospital campuses;
- Youth activism; and
- Cessation systems training.

ITPC works hard to provide the resources coalitions need to succeed which, in turn, strengthens the tobacco control program even more.

Coalitions: Providing Support



How Can Program Managers Support Coalitions?

Here are some additional ways that tobacco control program managers are including and supporting coalitions in their comprehensive tobacco control programs.

Coordination and Collaboration

- Providing guidance to coalitions on how to implement the CDC *Best Practices* and the *Guide for Community Preventive Services* guidelines in their own communities.
- ✓ Involving coalitions in the program's strategic planning process.
 - Presenting a draft of the plan for feedback and buy-in.
 - Identifying coalitions' role in the implementation of the strategic plan.
- Providing regional program staff to help support local coalitions and coordinate efforts statewide.
- Educating coalitions regarding pre-emption and other deceptive tobacco industry tactics to prepare them to effectively counter industry influences.
- Giving direction on the specific indicators and strategies coalitions should be working on that are aligned with the tobacco control program's strategic plan.
- Allowing coalitions to participate in the development of the program's Request for Proposals (RFPs).
- Acting as the convener, bringing all partners including coalitions to the table on a regular basis. Ideas for convening partners:
 - An annual program partner meeting
 - Bi-monthly conference calls
 - Newsletters, emails, and list servs
 - Opportunities at national conferences or meetings
- Helping support and coordinate local media campaigns to avoid duplication of efforts and communicate a clear and unified message.
- Seeking feedback from coalitions on how program staff can enhance their support to communities.

Administrative Support

Funding local community agencies to develop and maintain local coalitions.

- Disseminating surveillance and evaluation data to coalitions for use in promotion of the program successes and activities.
- Building coalition capacity by providing:
 - Training opportunities for coalitions based on the needs and directions of the communities. Types of trainings could include policy and media advocacy and economics of smoke-free policies.
 - Individualized technical assistance to each coalition based on its needs.

Coalition's grassroots efforts influence smoke-free policy change: Houston Communities for Safe Indoor Air

HCSIA FOUNDING MEMBERS

African American Health Coalition

Asian American Health Coalition

Association for the Advancement of Mexican-Americans

Chinese Community Center

Families Under Urban and Social Attack, Inc.

Hispanic Health Coalition

Native American Health Coalition

Third Ward Community Cloth Cooperative

Vietnamese Culture & Science Association

Reaching across racial, ethnic, social, and economic boundaries, Houston Communities for Safe Indoor Air (HCSIA) has effectively promoted grassroots efforts to educate diverse populations about the dangers of secondhand smoke. By partnering with the city coalition, HCSIA successfully advocated for a comprehensive clean indoor air ordinance for the City of Houston, which has accelerated statewide policy efforts.

Minority Organizations Join Forces

HCSIA was established in 2003 when TRUST for a Smoke-Free Texas brought together an ethnically diverse group of community-based organizations dedicated to improving the health of its constituencies. These groups assessed the negative effects of secondhand smoke, particularly to people of color, and recruited members to educate Houstonians

about their right to breathe safe indoor air. With initial funding from the Robert Wood Johnson Foundation (RWJF) and Families Under Urban and Social Attack, HCSIA developed plans for transforming Houston's lagging tobacco control efforts.

Advocacy Efforts Build Supportive Relationships

To accomplish their mission to advance smoke-free policy initiatives, coalition leaders collaborated with the Board of Directors, national partners, and volunteers to establish broad community awareness and involvement. According to Altrivice Revis, former HCSIA Program Coordinator, "Community support is an important piece that is sometimes overlooked in advocacy campaigns. We really brought the community out in huge numbers."

Technical assistance from the Texas Department of State Health Services (DSHS), in the form of expert testimony and air quality testing, helped the coalition further develop its message. Revis said, "We were able to establish partnerships with some tremendous community leaders that helped push their message forward." This allowed HCSIA to organize city council education sessions and earn media coverage. The overwhelming size of the city created a challenge until the coalition learned how to make the partnerships work for them. According to Revis, "I certainly would not advise any community coalition to try to do it on their own without forming partnerships...it just works better when you're a team." Programs and events organized by HCSIA and its partners proved instrumental in passing the City of Houston Smoking Ordinance in 2006.

Fueling the Smoke-Free Texas Movement

The passage of Houston's smoke-free ordinance added momentum to the statewide effort to make Texas smoke-free. In fact, HCSIA's grassroots efforts and its strong reputation in the Houston area earned it a

> seat on the steering committee for the statewide Smoke-Free Texas coalition. When asked about the coalition's continued presence at the table, Revis says, "Sustainability was easy to come by, because in a lot of peoples' eyes the work wasn't done, and it's still not done."

According to the DSHS Regional Director Barry Sharp, after HCSIA's success, DSHS was able

to draw on "lessons learned to improve the [policy change] process." By helping existing local coalitions in surrounding areas strengthen their education efforts and mobilize community support, HCSIA and the DSHS are preparing for upcoming legislative sessions. Both groups are hopeful that their collective efforts, open communication, and wide-reaching coalition network will stimulate statewide tobacco control policy changes.

For more information visit: **http://www.hcsia.org** *See Resource section for coalition materials.*

Coalition forms foundation of Colorado's sustained tobacco control movement: The Colorado Tobacco Education and Prevention Alliance

The Colorado Tobacco and Prevention Alliance (CTEPA) and its partners have achieved goals for reducing tobacco related disparities in Colorado by successfully advocating for an increased tobacco excise tax and a statewide smoke-free policy. CTEPA has also worked to educate and empower underserved communities to counter the tobacco industry's pervasive influence in Colorado. Through a strong collaborative relationship with the Colorado Department of Public Health and Environment (CDPHE) facilitates community involvement in public health issues and helps to achieve social norm change regarding tobacco use.

Building a Healthy Colorado from the Ground Up

Founded in 1963, CTEPA is the oldest existing statewide tobacco control coalition in the United States. As described by Chris Sherwin, former CTEPA Coordinator, "Our primary goals were to help local communities pass smoke-free laws, provide technical assistance, be partners at the table, and make sure that we are all working in a strategic and coordinated way toward policy change in the state." In the mid-1990s, funding from the RWJF's SmokeLess States grant encouraged CTEPA to create statewide objectives focused on policy change at the local level and to increase the number of smoke-free communities.

Achieving Success through Partnerships

To meet the RWJF's objectives, CTEPA began by establishing relationships and a network of communication at the local level that involved diverse populations, in particular Colorado's growing Hispanic population. CTEPA learned that earning trust and respect from this group allowed them to make strides in changing the cultural norms toward tobacco use and reducing tobacco-related health disparities. Sherwin pointed out that "a key component of tobacco policy change is working with communities of color and underserved communities, and really building the diversity of coalitions." The hard work and communication between CTEPA and the local coalitions resulted in the passage of 15 new community policies. In response to funding cuts to the tobacco control program, state health organizations and CTEPA leaders began organizing supporters to pass a tobacco tax increase. CTEPA "involved multiple partners in the process and broadened it out so that tax dollars could go to support other public health issues in addition to tobacco prevention," said Jason Vahling, current Director of the CDPHE's Tobacco Prevention and Cessation Program. The dedicated efforts of the staff, partners, and volunteers contributed to the success of the tobacco tax campaign in 2004, secured funds for state tobacco control programs, and set the stage for a clean indoor air campaign. Thorough planning, a statewide readiness assessment, and energy from the excise tax campaign kept the smoke-free movement message strong and led to the passage of the Colorado Clean Indoor Air Act of 2006.

Continuing the Momentum

CTEPA works closely with the CDPHE and national organizations to monitor current policies and needs. The collaboration with CDPHE has served as the foundation for other statewide partnerships and played a critical role in the coalition's tobacco control efforts. According to Vahling, "CDPHE has a very strong partnership and collaboration with CTEPA...we meet monthly to assess the political landscape in the state and the potential opportunities for coordination, and to clearly define the roles and responsibilities of the state agency versus the state tobacco control coalition. They are a strong advocacy arm at the state level, ensure the dollars are allocated for tobacco prevention and control, and keep us informed on policy implications for us as a program." The statewide coalition continuously branches out by working with and providing technical assistance to tobacco disparities grantees to better align state disparities work with policy level interventions. CTEPA continues to secure funding from multiple sources and remains active by focusing new goals on reducing youth access, restricting advertising, countering the tobacco industry, and strengthening existing laws.

For more information visit: http://www.ctepa.org See Resource section for coalition materials.

Coalitions are a high priority investment for tobacco control.

Why Invest in Coalitions?

Tobacco control coalitions are an essential component of any comprehensive tobacco control program. They are one of the most cost-effective and efficient strategies for achieving social norm change. Through advocacy and education, tobacco control coalitions are critical in mobilizing communities to develop and implement policies and programs that will make tobacco less desireable, less acceptable, and less accessible. This case for investment provides the rationale and talking points you can use to educate decision-makers and leadership on why local tobacco control coalitions should be funded and the important role they play in a comprehensive tobacco control program.

History & Adoption

Coalitions' long history and wide adoption as community interventions enhance the reach of tobacco control efforts.

Tobacco control coalitions' efforts over the past 40 years have strengthened the national movement toward tobacco use social norm change. The partnerships and relationships built in these coalitions have helped increase public awareness of health issues related to tobacco use.

Support for building and sustaining tobacco control coalitions continues to grow as they diversify their membership base and public health interests to include all populations affected by tobacco. Thanks in large part to the efforts of coalitions, over 16,505 U.S. municipalities are covered by a 100% smoke-free provision in workplaces, and/or restaurants, and/or bars, representing over 70% of the U.S. population.¹³

Talking Point

Tobacco control coalitions have been utilized as effective state and community interventions in every U.S. state, thousands of cities, and many countries to advocate for policy change and build public health program support.

.....

Scientific Evidence

Coalitions are effective at changing social norms and reducing tobacco use.

The scientific evidence for tobacco control coalitions is growing as studies document the rapidly expanding efforts and successes of coalitions. Studies show that coalitions are more successful if they have support from statewide programs, include diverse community representation, and use evidence based practices.^{1,17} Tobacco control coalitions can be effective vehicles for social norm change through policy advocacy, leading to decreased tobacco morbidity and mortality.

Talking Point

The science supports coalitions as an effective community intervention.^{3,17-19} Tobacco control coalition efforts work to change social norms through policy change, which leads to decreased morbidity and mortality.

•

Cost

Coalitions are low cost but their efforts result in a high return on investment.

In general, tobacco control coalitions are relatively low in cost but do require substantial time investments from their members. Coalition leaders and members often donate significant amounts of their time, expertise, and services because they have a sense of commitment to the coalition's vision. Research has shown that members are more likely to continue to contribute when they feel needed, find the cause beneficial, and are able to see the results of their efforts.^{4,29}

Furthermore, the types and durations of activities coalitions undertake (*e.g.*, one-time events or multi-pronged policy strategies implemented over time) are largely determined by the level of funding they receive. For coalitions to institutionalize their role, efforts, and activities and sustain themselves over years, it is important that a variety of financial resources are obtained, including contracts, grants, membership fees, and private donations. The more coalition members are directly involved in securing funding, through fund-raising and/or grant writing, the more they become emotionally invested in their coalitions.²⁹

Talking Point

While the financial investment in tobacco control coalitions is relatively low, the return on investment is high in regard to the effects tobacco control policies and well-funded programs have on public health outcomes. Successful coalitions are able to effectively leverage their resources (e.g., volunteer time, services) and member expertise.

Sustainability

Coalitions contribute to program sustainability.

The strategies used by coalitions help enhance the likelihood of sustainability of tobacco control programs. Coalitions work to increase political and public support for tobacco control policies and programs through a variety of methods, including engagement of grassroots partners and active promotion of tobacco control measures. Coalitions must continuously educate and advocate in order to sustain high levels of support for programs.³⁰ Since coalitions typically lead the advocacy efforts within comprehensive tobacco control programs, they are important contributors to the programs' strategic planning efforts, which also helps ensure program longevity.

Talking Point

Through their advocacy role, coalitions can significantly enhance the stability of tobacco control programs. They are able to build political and public support for the program, help secure and maintain tobacco control funding, and advocate for policy change. These important activities enhance efforts to prevent initiation and increase cessation.

•

Articles and Books

Berkowitz B, Wolff T. *The Spirit of the Coalition*. Washington, DC: American Public Health Association; 2000.

Bonnie RJ, Stratton K, Wallace RB, eds. *Ending the Tobacco Problem: A Blueprint for the Nation*. Washington, DC: Institute of Medicine (IOM), The National Academies Press; 2007.

Bryson JM. *Strategic Planning for Public and Nonprofit Organizations*. San Francisco, CA: Jossey-Bass, A Wiley Imprint; 1995.

Butterfoss, FD. *Coalitions and Partnerships in Community Health*. San Francisco, CA: Jossey-Bass, A Wiley Imprint; 2007.

Butterfoss FD, Goodman RM, Wandersman A. Community coalitions for prevention and health promotion. *Health Education Research*. 1993;8(3):315-330.

California Department of Health Services. *A Model for Change: The California Experience in Tobacco Control.* Sacramento, CA: California Department of Health Services; 1998.

Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs-2007. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; October 2007.

Crowley KM, Yu P, Kaftarian SJ. Prevention actions and activities make a difference: a structural equation model of coalition building. *Evaluation and Program Planning*. 2000;23(3):381-388.

Feinberg ME, Bontempo DE, Greenberg MT. Predictors and level of sustainability of community prevention coalitions. *American Journal of Preventive Medicine*. 2008;34(6):495–501.

Kreuter MW, Lezin NA, Young LA. Evaluating community-based collaborative mechanisms: implications for practitioners. *Health Promotion Practice*. 2000;1(1):49-63. Mattessich PW, Monsey B. Community Building: What Makes It Work; A Review of Factors Influencing Successful Community Building. St. Paul, MN: Wilder Publishing Center; 1997.

Minkler M. *Community Organizing and Community Building for Health*. New Brunswick, NJ: Rutgers, the State University; 1997.

National Cancer Institute. *ASSIST: Shaping the Future of Tobacco Prevention and Control.* Tobacco Control Monograph No. 16. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute; May 2005.

Roussos ST, Fawcett SB. A review of collaborative partnerships as a strategy for improving community health. *Annual Review of Public Health.* 2000;21:369-402.

Tool Kits

American Association of University Women *Community Coalitions Manual.* Available at: http://www.aauw.org/research/ communityCoalitions.cfm

American Cancer Society. *Tobacco Control Strategy Planning Guides*. Available at: http://www.strategyguides.globalink.org

Americans for Nonsmokers' Rights. *Tobacco's Dirty Tricks*. Available at: http://www.no-smoke.org/ getthefacts.php?id=16

Centers for Disease Control and Prevention. *Coalition Building Primer*.

Available at: http://www.cdc.gov/DHDSP/CDCynergy_ training/Content/activeinformation/resources/ Coalition_Building_Primer.pdf

Community Anti-Drug Coalitions of America. *Coalitions 101: Getting Started.* Available at: http://www.cadca.org/CoalitionResources/ StartACoalition/documents/Strat29.pdf

Community Anti-Drug Coalitions of America. *Cultural Competence Primer: Incorporating Cultural Competence into Your Comprehensive Plan.* Available at: http://www.coalitioninstitute. org/SPF_Elements/CulturalCompetence/ CulturalCompetencePrimer-07-2007.pdf Council on Foundations. *Top 10 Ways Private Foundations Can Influence Public Policy*. Washington, DC: Council on Foundations; 2007.

Kaye G, Wolff T, eds. *From the Ground Up: A Workbook on Coalition Building and Community Development*. 2nd ed. Amherst: University of Massachusetts, AHEC; 1997.

Midwest Academy. *Organizing for Social Change*. Santa Ana, CA: Seven Locks Press; 2008.

University of Kansas. *The Community Toolbox*. Available at: http://ctb.ku.edu

Tobacco Technical Assistance Consortium. *Reaching Higher Ground*. Available at: www.ttac.org/products/pdfs/Higher_ Ground.pdf

Websites

American Lung Association. State of Tobacco Control. http://www.stateoftobaccocontrol.org

Americans for Nonsmokers' Rights. Fundamentals, Facts, Model Documents, Checklists, and Supporting Materials. http://www.no-smoke.org

Centers for Disease Control and Prevention. Smoking and Tobacco Use. http://www.cdc.gov/tobacco

Harvard School of Public Health. Metropolitan Quality of Life Data. http://diversitydata.org

Institute for Sustainable Communities. Tools & Resources. http://tools.iscvt.org/start

Robert Wood Johnson Foundation. http://www.rwjf.org

The Guide to Community Preventive Services. Tobacco Use. http://www.thecommunityguide.org/tobacco/index.html

The Praxis Project. http://www.thepraxisproject.org Tobacco Technical Assistance Consortium. http://www.ttac.org

W.K. Kellogg Foundation. www.wkkf.org

Case Studies

Texas

Smoke Free Texas. http://www.smokefreetexas.org

Texas Department of State Health Services. Community Tobacco Prevention and Control Toolkit Overview. Available at: http://www.dshs.state.tx.us/tobacco/ bestpractices/default.shtm

Colorado

Colorado Department of Public Health and Environment. http://www.cdphe.state.co.us

Colorado QuitLine. http://www.coquitline.org

Coalitions: References

- 1. Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control Programs*–2007. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; October, 2007.
- California Department of Health Services. A Model for Change: The California Experience in Tobacco Control. Sacramento, CA: California Department of Health Services; 1998.
- 3. Crowley KM, Yu P, Kaftarian SJ. Prevention actions and activities make a difference: a structural equation model of coalition building. *Evaluation and Program Planning*. 2000;23(3):381-388.
- Butterfoss FD, Goodman RM, Wandersman A. Community coalitions for prevention and health promotion. Health Education Research. 1993;8(3):315-330.
- U.S. Department of Health and Human Services. Reducing Tobacco Use: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2000.
- 6. U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Smoking: A Report of the Surgeon General.* Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, Center for Health Promotion and Education, Office on Smoking and Health; 1986.
- U.S. Department of Health and Human Services. Reducing the Health Consequences of Smoking: 25 Years of Progress: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, Center for Health Promotion and Education, Office on Smoking and Health; 1989.
- 8. Manley M, Lynn W, Payne Epps R, Grande D, Glynn T, Shopland D. The American stop smoking intervention study for cancer prevention: an overview. *Tobacco Control.* 1997;(suppl 2):S5-11.
- 9. U.S. Department of Health and Human Services. *Strategies to Control Tobacco Use in the United States: A Blueprint for Public Health Action in the 1990's*. Bethesda, MD: National Cancer Institute; 1991. Smoking and Tobacco Control Monograph 1; NIH publication no. 92-3316.
- Bonnie RJ, Stratton K, Wallace RB, eds. Ending the Tobacco Problem: A Blueprint for the Nation. Washington, DC: Institute of Medicine (IOM), The National Academies Press; 2007.
- 11. COMMIT Research Group. Community intervention trial for smoking cessation (COMMIT): summary of design and intervention. *Journal of the National Cancer Institute*. 1991;83(22):1620-1628.
- 12. Centers for Disease Control and Prevention. Progress in chronic disease prevention state coalitions for prevention and control of tobacco use; *Morbidity and Mortality Weekly Report*. July 20, 1990;39(28):476,483,485.
- 13. History and Goals. Americans for Nonsmoker's Rights Web site. http://www.no-smoke.org/aboutus.php?id=443. Accessed February 12, 2009.
- Lynch BS, Bonnie RJ, eds. Growing Up Tobacco-Free: Preventing Nicotine Addiction in Children and Youth. Washington, DC: Committee on Preventing Nicotine Addiction in Children and Youths, Institute of Medicine (IOM), The National Academies Press; 1994.

15. State of Tobacco Control. American Lung Association Web site. http://www.stateoftobaccocontrol.org/. Accessed February12, 2009.

- Centers for Disease Control and Prevention. Task Force on Community Preventive Services. Guide to Community Preventive Services. Tobacco Use. The Community Guide Web Site. http://www.thecommunityguide.org/tobacco/default.htm. Updated February 10, 2009. Accessed February 12, 2009.
- 17. Feinberg ME, Bontempo DE, Greenberg MT. Predictors and level of sustainability of community prevention coalitions. American Journal of Preventive Medicine. 2008;34(6):495-501.
- National Cancer Institute. ASSIST: Shaping the Future of Tobacco Prevention and Control. Tobacco Control Monograph No. 16. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute; May 2005.
- 19. Roussos ST, Fawcett SB. A review of collaborative partnerships as a strategy for improving community health. *Annual Review of Public Health*. 2000;21:369-402.
- 20. Stillman F, Hartman B, Graubard E, et al. The American stop smoking intervention study: conceptual framework and evaluation design. *Evaluation Review*. 1999;23(3):259-280.
- 21. Glantz SA, Begay ME. Tobacco industry campaign contributions are affecting tobacco control policymaking in California. Journal of the American Medical Association 1994;272(15):1176–1182.
- 22. Healthy People 2010, Volume II. U.S. Department of Health and Human Services Web site. http://www.healthypeople.gov/. Accessed February 12, 2009.
- 23. Warner KE. The effects of the anti-smoking campaign on cigarette consumption. American Journal of Public Health. 1977;67(7):645-650.
- Foster-Fishman PG, Berkowitz SL, Lounsbury DW, Jacobson S, Allen NA. Building collaborative capacity in community coalitions: a review and integrative framework. American Journal of Community Psychology. 2001;29(2):241-261.
- 25. Kreuter MW, Lezin NA, Young LA. Evaluating community-based collaborative mechanisms: implications for practitioners. *Health Promotion Practice*. 2000;1(1):49-63.
- Kegler MC, Steckler A, Mcleroy K, Malek SH. Factors that contribute to effective community health promotion coalitions: a study of 10 Project ASSIST coalitions in North Carolina. *Health Education and Behavior*. 1998;25(3):338-353.
- Coalitions 101: Getting Started. Community Anti-Drug Coalitions of America Web site. http://www.cadca.org/CoalitionResources/StartACoalition/ documents/Strat29.pdf. Accessed February 12, 2009.
- 28. Nelson DE, Reynolds JH, Luke DA et al. Successfully maintaining program funding during trying times: lessons learned from tobacco control programs in five states. *Journal of Public Health Management and Practice*. 2007; 13(6): 612-620.
- 29. Butterfoss, FD. Coalitions and Partnerships in Community Health. San Francisco, CA: Jossey-Bass, A Wiley Imprint; 2007.
- 30. Carver V, Reinert B, Range LM. Sustaining tobacco control coalitions amid declining resources. Health Promotion Practice. 2007;8(3):292-298.

Additional references used in the development of this guide:

American Cancer Society. Tobacco Control Strategy Planning Guide #2: Strategy Planning for Tobacco Control Movement Building. American Cancer Society; 2003.

Butterfoss FD. Process evaluation for community participation. Annual Review of Public Health. 2006;27:323-340.

- Cohen L, Baer N, Satterwhite P. Developing effective coalitions: an eight step guide. In: *Wurzbach ME, ed. Community Health Education & Promotion: A Guide to Program Design and Evaluation.* 2nd ed. Gaithersburg, MD: Aspen Publishers Inc; 2002:144-161.
- Eriksen M, Chaloupka FK. The economic impact of clean indoor air laws. A Cancer Journal for Clinicians. 2007;57:367-378.

Farrelly MC, Pechacek TP, Chaloupka FK. The impact of tobacco control program expenditures on aggregate cigarette sales: 1981-2000. Journal of Health Economics. 2003;22(5):843-859.

Maccoby N, Farquhar JW, Wood PD, Alexander J. Reducing the risk of cardiovascular disease: effects of a community-based campaign on knowledge and behavior. *Journal of Community Health.* 1977;3(2):100-114.

PATH Final Report September 2006. The Praxis Project Web site. http://www.thepraxisproject.org/. Accessed February 12, 2009.

Policy Advocacy on Tobacco and Health. The Robert Wood Johnson Foundation Web site. http://www.rwjf.org/grants/product.jsp?id=36568. Accessed February 12, 2009.

Stave GM, Jackson GW. Effect of a total work-site smoking ban on employee smoking and attitudes. *Journal of Occupational Medicine*. 1991;33(8):884-890. Stillman FA, Wipfli HL, Lando HA, Leischow S, Samet JM. Building capacity for international tobacco control research: the global tobacco research network. *American Journal of Public Health*. 2005;95(6):965-968.